HIGHWAY DISTRICT No.4
15435 HIGHWAY 44
CALDWELL, IDAHO 83607

TELEPHONE 208.454.8135
FAX 208.454.2008

HIGHWAY DISTRICT NO. 4
Application for Special Use Permit (Revised April 11, 2024)
HSDP § 2120.080

Special Use Permit Requirements: A Special Use Permit is required for any special use of a Highway District highway or right-of-way, unless otherwise provided for in Section 2120 of the Highway Standards and Development Procedures for the Highway Districts of Canyon County, Idaho [HSDP], in accordance with Section 2120.080.

Information to Applicant:

1. The Applicant must complete this form and pay the filing fee before the Highway District will process this form. Event permits are $75.00 each. The highway district may on request waive the permit fee for charitable events. Please allow a minimum of two weeks for review of the permit.

2. All relevant information and attachments must be supplied. Please mark non-applicable portions of the application form "N.A." No application shall be considered filed by the Highway District unless the application form is completed, any required maps, proof of insurance, or traffic control plans are included, and the application fees have been received by the Highway District's Secretary/Treasurer.

4. All applications provided in this form are filed with the Secretary of the Highway District at the administrative office located at 15435 Hwy 44, Caldwell, ID 83607.

5. Applicant**,** if a natural person, must be over the age of 18.

6. If Applicant is a legal entity, attach a certificate from the Secretary of State or Trust registration providing proof the entity is in good standing.

7. The Applicant is responsible for securing event permits from other highway jurisdictions as may be required.

8. Applications shall be provided to the Canyon County Sheriff's Office Traffic Division for review prior to submittal to the highway district. Contact Capt. Chuck Gentry (chuck.gentry@canyoncounty.id.gov) or Lt. Brian Crawforth (brian.crawforth@canyoncounty.id.gov) at (208) 454-6698 a minimum of two weeks prior to the event.

Special Use Permit Application- Highway District No. 4

Applicant Information:

Applicant: _____

Organization: _____

Contact Name: _____

Address: _____

Phone: _____ Cell: _____ Email: _____

I hereby request a special use permit from Highway District No. 4 for the purpose stated below:

☐ *Oversize/Overweight Permit* ☐ *Event* ☐ *Other (Please describe below)*

Event or Use Description: _____

_____

_____

Highway Location(s) or Provide map]: _____

_____

Trip Count/Anticipated attendance: _____

Date(s): _____ Time: _____ to _____

Insurance:

☐ Attach a Certificate of Liability Insurance for the carrier, trip, or event, with Highway District No. 4 named as an "Additional Insured".
Minimum coverage requirements are $500,000 per occurrence/$1,000,000 aggregate

Temporary Traffic Controls:

☐ For Events or other Special Uses, a temporary traffic control plan must be attached for review by the highway district.

Public Safety Coordination:

☐ For Events or other Special Uses (not including moving permits), review the proposed use with the Canyon County Sheriff's Office Traffic Division (Lt. Chad Hharrold, charrold@canyoncounty.id.gov or Brian Crawforth, bcrawforth@canyoncounty.id.gov)

Canyon County Sheriff's Department:

Reviewed By: _____ Date: _____

☐ Recommended ☐ Recommended with Conditions ☐ Not Recommended

Comments: _____

_____

_____

I certify that the information herein contained is true and correct on behalf of the Applicant:

Applicant(s) Signature: _____ Date: _____

Special Use Permit Application- Highway District No. 4

THIS PAGE OF FORM FOR HIGHWAY DISTRICT USE ONLY

Highway District No. 4 Actions:

Date received: _____

Filing Fee: $ _____ Date Received: _____

Application Reviewed By: _____(Initial)

Surety Bond/Letter of Credit/Cash required to cover damage to Highway and/or signage:

☐ Not Required ☐ Required and enclosed Amount: $ _____

☐ Temporary Traffic Control Plan Reviewed and Accepted ☐ TTC Not Required

☐ Certificate of Liability Insurance Coverage in amount equal to District policy limits is included with HD4 named as additional insured

☐ Route reviewed for load/size restrictions or conflicts with District projects/utility work/other events

Permit Conditions:

☐ Letter of Conditions Attached Dated: _____

Other Conditions: _____

_____

_____

_____

_____

_____

_____

☐ **Issued and Accepted** ☐ **Denied**

Signed: _____ Date: _____

Title: _____ , Highway District No. 4

Original Permit/License together with this Applications form is retained in the official Records of the Highway District No. 4 by Secretary and a copy provided to applicant and anyone demanding notice of the decisions.

Signed: _____

Secretary, Highway District No. 4